



City of Lincoln Property Loss Report

If loss is over \$500 in value, return this report to Risk Management within one business day of the first notice of loss.

PROPERTY TYPE

- ☐ Building/Fixed Property ☐ Contents/Moveable Property
☐ Other _____

Location/Address of Loss _____

Specific Location within Address _____

List Property Damaged _____

Owner of Property _____

Department/Division/Section _____

TYPE OF LOSS

- Loss Caused By: ☐ Fire ☐ Weather (specify) _____
☐ Vandalism ☐ Theft ☐ Other (specify) _____

Explain What Happened: _____

VALUE OF LOSS

Itemize Costs	Materials	Labor	Total
<input type="checkbox"/> Repair \$ _____		\$ _____	\$ _____
<input type="checkbox"/> Replace \$ _____		\$ _____	\$ _____
		TOTAL COST	\$ _____

NOTICE OF LOSS

Date/Day/Time _____

When Loss First Noticed: _____ Actual Date of Loss: _____

Loss First Noticed By: Name _____ ☐ Employee ☐ Non-Employee

Day Phone _____ Evening Phone _____ Cell Phone _____

Address _____

WITNESSES Provide Name/s, Address/es & Phone Number/s

INVESTIGATING AGENCY

☐ Police ☐ Fire/Rescue ☐ Other Agency _____

Date Reported _____ Case # _____ Investigating Officer _____

Suspects: ☐ No ☐ Yes _____

SIGNATURES

Department _____ Division _____

Employee _____ Date _____ Phone _____

Supervisor _____ Date _____ Phone _____

Risk Management, 233 S. 10th St., Rm 210, Lincoln, NE 68508

Phone: 402-441-7671, FAX: 402-441-6800